MISSOURI DI				VIS	ION OF HEA					-	-6	2-02	1833
				. R:	gistration District No	le Pri	mary Registration [District No. 300	O / Registrar's No	10		STATE FILE NU	
DO NOT WRITE ON THIS STUB	Al	AENDE	•	=		N 2 6 198 2							
	1 1	1 1	1	1.	PLACE OF DEATH				2. USUAL RESIDE			If institution:	
VS 300	요	11	ľ	l		idrain			a. STATE MC).	COUNTY AUC	drain	admission)
Rev. 4/59	뭂				OR	rporate limits, give TOWN	ISHIP only)	Length of stay in 1t	ALL OR		•		Inside Limits
	AMENDED					lalia		ew Think		ndalia			Yes P No 🗆
0041	w			l	HOSPITAL OR	NOT in hospital, give loc	ation) //	Inside Limits	II ADDRESS		(If cutside, give	location)	Reside on Farm
2041	JE	1.1			INSTITUTION / O	JW. WAS,	hINGTON	Yes 🗹 No 🗆	<u> </u>	214 E.	State		Yes 🛭 No 📮
3		11	7	-3	NAME OF DECEASED	First	W	iddle	Last	4. DATE	Month	Day	Year
	11		1		(Type or print)	Thomas	Aml	brose 1	Murphy	OF DEATH	June 1	16. 19	962
4 0			1		. SEX	6. COLOR OR RACE	7. Married 🛣		8. DATE OF BIRTH	9. AGE (la	st birthday) IF	UNDER 1 YEAR	IF UNDER 24 HR
5 /					M	l w	Widowed □	Divorced [⁻ 2/4/1890	72	Mo	onths Days	Hours Min.
		11		10	. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF B	USINESS OR INDUS	TRY 11. BIRTHPLACE	(City and state	or country) 12	. CITIZEN OF	WHAT COUNTRY
6	S	11	ĺ		carpenter	ng lite, even it retired)			Burling		Colo.	U.S.	Α.
7 1 1	∃ 1				a. FATHER'S NAME	·	- 1	THER'S MAIDEN NA			NAME OF HUSE		
8 1	፬				Michael Pa	<u>/</u>		zabeth C		1	Dorothy		y
<u> </u>	8					IN U.S. ARMED FORCES: yes, give war or dates of		TIAL CECHBITY NO.		,	Addr		
94201	ا اید			<u>`</u>	no l				Mrs. Mu	rphy,	Vandal:		
	¥	- 1 - 1											IEKVAL BEIWEEN
10			Z	1	PART I.	(Enter only one cause pe DEATH WAS CAUSED BY	r line fd . 、,, 、,, . ,					Ö	TERVAL BETWEEN NSET AND DEATH
10			CMEN		PART I.	(Enter only one cause pe DEATH WAS CAUSED BY IMMEDIATE CAUSE (r t	nary	Occlusi	سم		1 .	O This
11	8 6 8 6		OCUMEN			IMMEDIATE CAUSE (" Coro	nary	<u>Occeni</u>	يہمـ	v .	1 .	• • •
11	8 6 8 6		DOCUMEN		Condition		" Coro	many	Occlusion He	ant,	diaaa	1 .	• • •
11 1291- 2	S RECORD STEAD OF		DOCUMEN		Condition which ga above stating t	IMMEDIATE CAUSE (ons, if any, pure rise to cause (a), the under-	·) <u>Corn</u> ·) <u>Deco</u> · C. F.	mary	Occlusion He	art,	Dissas	1 .	• • •
11 1291-2	THIS RECORD INSTEAD OF		DOCUMEN		Condition which gas above casting the lying casting the casting the casting the casting castin	ns, if any, ave rise to cause (a), the under-	o) <u>Coro</u> (b) Deco (c) <u>Arte</u>	many mpana rioscle	Occlus stad He rosin	ant,	معمقنه	2 J	o mini 1 years 0 years
11 1291-2 13/-0	ON THIS RECORD INSTEAD OF		DOCUMEN	IION	Condition which gas above casting the lying casting the casting the casting the casting castin	IMMEDIATE CAUSE (ons, if any, pure rise to cause (a), the under-	(c) Cott	TRIBUTING TO DE	Occluse tad He roais ATH but not related t	art,	Aciaca PART III.	If deceased	o mini 1 years 0 years
11 1291-2 13/-0	ON THIS RECORD INSTEAD OF		DOCUMEN	ICATION	Condition which go above constraing the large constraint of the large constrai	ns, if any, ave rise to cause (a), the under-ause last. OTHER SIGNIFICANT (disease condition given	(c) Cott	TRIBUTING TO DE	Occluse Atad He Anosis ATH but not related t	art,		If deceased	O Mani. Ugani O Uglani was Jemale was ncy in last 90 days.
11 1291-2 13/-0	ON THIS RECORD INSTEAD OF		DOCUMEN	RTIFICATION	Condition which gas above constitution of the property of the	ns, if eny, ave rise to cause (a), the under-ause last. OTHER SIGNIFICANT (disease condition given)	(c) Out		Occlusion telated for the second telated			If deceased there a pregna	O Manie Was ney in last 90 days.
11 1291-2 13/-0	ON THIS RECORD INSTEAD OF		DOCUMEN	. CERTIFICATION	Condition which gas above containing the string the string of the string can page 11.	ns, if any, ave rise to cause (a), the under-ause last. DUE TO OTHER SIGNIFICANT of disease condition given	(c) Orte					If deceased there a pregna	O Manie Was ney in last 90 days.
11 1291-2 13/-0	ON THIS RECORD INSTEAD OF		DOCUMEN	ICAL CERTIFICATION	Condition which gas above containing the lying can part II. 19. WAS AUTOPSY PERFORMED? YES NOW 200. TIME OF Hour	ns, if any, ave rise to cause (a), the under-ause last. DUE TO disease condition given	(c) Out					If deceased there a pregna	O Manie Was ney in last 90 days.
11 1291-2 13/-0	THIS RECORD INSTEAD OF		DOCUMEN	MEDICAL CERTIFICATION	Condition which go above containing the straing of the straing the strain of the strai	ns, if any, ave rise to cause (a), the under-ause last. DUE TO disease condition given 20a. ACCIDENT SUICIL	(c) Orte CONDITIONS CON in PART I (a) DE HOMICIDE	206. DESCRIBE H	HOW INJURY OCCURRE	D. (Enter nature		If deceased there a pregna	O Manie Was ney in last 90 days.
11 1291-2 13/-0	ON THIS RECORD INSTEAD OF		DOCUMEN	MEDICAL CERTIFICATION	Condition which gas above containing the string of the str	ns, if any, ave rise to cause (a), the under-ause (a), the under-ause last. DUE TO disease condition given Month, Day, Year 20e. PLACE	(c) Orte CONDITIONS CON IN PART I (a) DE HOMICIDE E OF INJURY (e.g.,	20b. DESCRIBE H		D. (Enter nature	of injury in PAR	If deceased there a pregna	O Manie Was ney in last 90 days.
11 1291-2 13/-0	ON THIS RECORD INSTEAD OF		DOCUMEN	MEDICAL CERTIFICATION	Condition which gas above condition which gas above constanting filling carriers. PART II. 19. WAS AUTOPSY PERFORMED? YES NOW HOUSE NOW HOUSE NOW HOUSE NOW P.m.	ns, if any, ave rise to cause (a), the under-ause (a), the under-ause last. DUE TO disease condition given Month, Day, Year 20e. PLACE	(c) Orte CONDITIONS CON in PART I (a) DE HOMICIDE	20b. DESCRIBE H	HOW INJURY OCCURRE	D. (Enter nature	of injury in PAR	if deceased there a pregna	was Jemale was nocy in last 90 days. No Unknown of item 18.)
11 1291-2 13/-0	AMENDMENTS ON THIS RECORD INSTEAD OF		DOCUMEN	MEDICAL CERTIFICATION	Condition which gas above condition which gas above containing the street of the stree	IMMEDIATE CAUSE (ns, if any, ave rise to cause (a), the under- ause last. OTHER SIGNIFICANT (disease condition given (a)) Month, Day, Year D 20e. PLACI (arm, vORK)	(c) Orte CONDITIONS CON IN PART I (a) DE HOMICIDE E OF INJURY (e.g.,	20b. DESCRIBE H	10W INJURY OCCURRED	D. (Enter nature	o of injury in PAF	if deceased there a pregna	was Jemale was nocy in last 90 days. No Unknown of item 18.)
11 1291-2 13/-0	READ AMENDMENTS ON THIS RECORD READ		DOCUMEN	MEDICAL CERTIFICATION	Condition which gas above containing the string of the str	IMMEDIATE CAUSE (Ins. if any, ave rise to cause (a), the under- ause last. OTHER SIGNIFICANT (disease condition given (20a. ACCIDENT SUICII Month, Day, Year (OTHER SIGNIFICANT (DISTANCE (D	(c) Orte CONDITIONS CON IN PART I (a) DE HOMICIDE E OF INJURY (e.g.,	20b. DESCRIBE H	HOW INJURY OCCURRE	D. (Enter nature R LOCATION lost sew hir	o of injury in PAF	if deceased there a pregna Press RT I or PART III	years years years years was Jemale was ncy in last 90 days. No Unknown of item 18.)
11 1291-2 13/-0	READ AMENDMENTS ON THIS RECORD READ		00	MEDICAL CERTIFICATION	Condition which gas above conting the string of the string	IMMEDIATE CAUSE (Ins., if any, ave rise to cause (a), the under- ause last. OTHER SIGNIFICANT of disease condition given 20e. ACCIDENT SUICII Month, Day, Year OVERN CORR CORREST SUICII Accessed from Correst Suicii	(c) Orte CONDITIONS CON IN PART I (a) E OF INJURY (e.g., factory, street, off	20b. DESCRIBE H	20f. CITY, TOWN, O	D. (Enter nature R LOCATION lost sew hir	o of injury in PAF	if deceased there a pregna Press RT I or PART III	was Jemele was nocy in last 90 days. No Unknown of item 18.)
11 1291-2 13/-0	READ AMENDMENTS ON THIS RECORD READ		OF DO	MEDICAL CERTIFICATION	Condition which gas above conting the string of the string	ns, if any, ave rise to cause (a), the under-ause (a), the under-ause last, DUE TO disease condition given 20a. ACCIDENT SUICII Month, Day, Year 20b. PLACI farm, Coased froms	(c) Orte (c) Orte (c) Orte (d)	20b. DESCRIBE H	20f. CITY, TOWN, O	D. (Enter nature R LOCATION lost sew hir	o of injury in PAF	if deceased there a pregna Press RT I or PART III	was Jemele was necy in last 90 days. No Unknown of item 18.) STATE 1962 auses stated.
11 1291-2 13/-0	SHOULD READ INSTEAD OF		VIT OF DO	MEDICAL CERTIF	Condition which gas above containing flying cast and the second of the s	ns, if any, ave rise to cause (a), the underpasse (a), the underpa	E OF INJURY (e.g., factory, street, off.	20b. DESCRIBE H	20f. CITY, TOWN, O the date stated above, 22b. ADDRESS	R LOCATION O last sew hir	o of injury in PAF	If deceased there a pregna Press COUNTY	was Jemele was nocy in last 90 days. No Unknown of item 18.)
11 1291-2 13/-0	SHOULD READ INSTEAD OF		VIT OF DO	MEDICAL CERTIF	Condition which gas above containing flying cast and the second of the s	ns, if any, ave rise to cause (a), the under-ause (a), the under-ause last. DUE TO OTHER SIGNIFICANT (disease condition given 20a. ACCIDENT SUICII Month, Day, Year OVER (Company)	(c) Outo	in or about home, ice bidg., atc.) DF CEMETERY OR C	20f. CITY, TOWN, O the date stated above, 22b. ADDRESS LAMATORY	C lest sew hir and to the best 23d. LOCATIO	nelive on the first of my Mowled	If deceased there a pregna Press County County Ge, from the county)	was Jemale was ney in last 90 days. No Unknown of item 18.) STATE 22c. DATE SIGNED 6/18/62
11 1291-2 13/-0	NO. SHOULD READ INSTEAD OF		VIT OF DO	O B MEDICAL CERTIF	Condition which gas above continued as above continued at the continued at	IMMEDIATE CAUSE (ns, if any, ave rise to cause (a), the under- ause last. OTHER SIGNIFICANT (disease condition given (a)) Month, Day, Year AMONTH, Day, Year AM	(c) Outo	in or about home, ice bidg., atc.) b, to n on OF CEMETERY OR C.	20f. CITY, TOWN, O the date stated above, 22b. ADDRESS LAMATORY	C. (Enter nature of Location of lest sew him and to the best sex location of Location vandal	of injury in PAF	If deceased there a pregna Press County County Ge, from the county)	was Jemale was ney in last 90 days. No Unknown of item 18.) STATE 22c. DATE SIGNED 6/18/62
11 1291-2 13/-0	SHOULD READ INSTEAD OF		OF DO	O B MEDICAL CERTIF	Condition which gas above containing flying cast and the second of the s	IMMEDIATE CAUSE (ns, if any, ave rise to cause (a), the under- ause last. OTHER SIGNIFICANT (disease condition given (a)) Month, Day, Year AMONTH, Day, Year AM	(c) Orte (c) Orte (c) Orte (d) Orte (d) Orte (e) Orte (d) Orte (d) Orte (e) Orte (d)	in or about home, ice bidg., atc.) b, to n on OF CEMETERY OR C.	20f. CITY, TOWN, O the date stated above, 22b. ADDRESS REMATORY tery	C. (Enter nature of Location of lest sew him and to the best sex location of Location vandal	nelive on to find the state of	If deceased there a pregna Press County County Ge, from the county)	was Jemale was ney in last 90 days. No Unknown of item 18.) STATE 22c. DATE SIGNED 6/18/62

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No				
working under my personal supervision.					
StudentSignature of Student Embalmer	_ Signed William B Water				
	P. O. Address Vaudalie, Misseure				
	P. O. Address Vaudalily Musicure				

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. ..

If this body is not embalmed, fact should be so stated above.